



07-30-03

1647

PTO/SB/21 (05-03)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/724,288	RECEIVED AUG 01 2003 TECH CENTER 1600/2900
	Filing Date	November 28, 2000	
	First Named Inventor	Schenk, Dale B.	
	Art Unit	1647	
	Examiner Name	Sharon Turner	
Total Number of Pages in This Submission	7	Attorney Docket Number	15270J-004765US

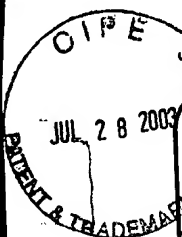
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg, submitted in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (2 pages) w/attached PTO/SB/08B (1 page) including Vol. 1 of 1 (cites 349-350)* <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Return Postcard (1 page)
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
* Page count for cites 349-350 not included in Total Number of Pages in This Submission.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Rosemarie L. Celli Reg. No. 42,397
Signature	<i>Rosemarie L. Celli</i>
Date	<i>July 28, 2003</i>

CERTIFICATE OF MAILING		
Express Mail Label: EV 338 446 351 US I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on the date noted below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450		
Typed or printed name	Aaron Bohler	
Signature	<i>Aaron Bohler</i>	Date <i>7/28/03</i>

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180

Application Number 09/724,288
Filing Date November 28, 2000
First Named Inventor Schenk, Dale B.
Examiner Name Sharon L. Turner
Art Unit 1647
Attorney Docket No. 15270J-004765US

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AUG 01 2003

TECH CENTER 1600/2900

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ MoneyOrder ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 20-1430

Deposit Account Name Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	750	2001 375 Utility filing fee	
		1002	330	2002 165 Design filing fee	
		1003	520	2003 260 Plant filing fee	
		1004	750	2004 375 Reissue filing fee	
		1005	160	2005 80 Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims ** = Extra Claims Fees from below Fee Paid

Independent Claims ** =

Multiple Dependent

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1202	18	2202 9 Claims in excess of 20	
		1201	84	2201 42 Independent claims in excess of 3	
		1203	280	2203 140 Multiple dependent claim, if not paid	
		1204	84	2204 42 ** Reissue independent claims over original patent	
		1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large	Entity	Small	Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	180
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid SUBTOTAL (3)					(\$)180

SUBMITTED BY

Name (Print/Type) Rosemarie L. Colli Registration No. (Attorney/Agent) 42,397 Telephone 650-326-2400

Signature *Rosemarie L. Colli* Date July 28, 2003

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